



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: SULLIVAN COUNTY COMMUNITY HOSPITAL

City of Hospital: Sullivan

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Jim Bishop

Email Address: jim.bishop@schosp.com

Medicare Provider Number: 15-1327

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11981151
Outpatient Patient Service Revenue	\$62723657
Total Gross Patient Service Revenue	\$74704808

2. Deductions From Revenue

Contractual Allowance	\$52211390
Other Deductions	\$0
Total Deductions	\$52211390

3. Total Operating Revenue

Net Patient Service Revenue	\$22493418
Other Operating Revenue	\$11355493
Total Operating Revenue	\$33848911

4. Operating Expenses

Salaries and Wages	\$16248000	Employee Benefits	\$5137036
Depreciation and Amortization	\$1905050	Interest Expense	\$195116
Bad Debt	\$1507570	Other Expenses	\$10438950
Total Operating Expenses	\$35431722		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1582811	Total Assets	\$37911386
Net Non-operating Gains over Loss	\$336757	Total Liabilities	\$8659072

Total Net Gains	\$-1246054
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$28387831	\$17032699	\$11355132
Medicaid	\$14193914	\$12774523	\$1419391
Other Government	\$0	\$0	\$0
Other State	Indiana	\$0	\$0
Other Payers	\$32123063	\$22404168	\$9718895
Total	\$0	\$52211390	\$-52211390

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$1,222,786		
Subtotal	\$1222786	\$0	\$1222786
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1222786	\$0	\$1222786

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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